

TODAY'S DATE

OFFICE USE ONLY

DUE DATE

UTILITY BILLING OFFICE
14406 N ALTO ST
EL MIRAGE, AZ 85335
623-933-1228



MONDAY - FRIDAY
8:00 AM - 5:30 PM
Fax 623-876-4601
utilities@elmirageaz.gov

ARE YOU? (MARK ONE) ☐ OWNER ☐ TENANT ☐ PROPERTY MANAGEMENT

PROPERTY ADDRESS:		ZIP CODE:	
PARCEL ID:			
REQUIRED INFORMATION FROM:			
OWNER	TENANT		PROPERTY MANAGEMENT
	SIGNED COPY OF LEASE AGREEMENT and		
CLOSING OR FINAL SETTLEMENT STATEMENT	LANDLORD ADDRESS		PROPERTY MANAGEMENT AGREEMENT
	LANDLORD PHONE		
APPLICANT INFORMATION			
APPLICANT #1 (LAST NAME, FIRST)		APPLICANT #2 (LAST NAME, FIRST)	
NAME:		NAME:	
DOB:		DOB:	
SSN/TAX ID:		SSN/TAX ID:	
DL/ID: *		DL/ID: *	
MAILING ADDRESS ZIP		MAILING ADDRESS ZIP	
PHONE #:		PHONE #:	
EMAIL:		EMAIL:	
EMERGENCY CONTACT: NAME PHONE		EMERGENCY CONTACT: NAME PHONE	

*Copy of Government issued photo ID required.

For all customers: To proceed with the service connection, the premises must be ready for service. The City of El Mirage assumes no liability for property damage which may occur as a result of uncontrolled water flow beyond the meter due to open valves, plumbing leaks, fixtures, or appliances.

By submitting this application, I/we declare under penalty of perjury under the laws of the State of Arizona that all information is true and correct. I have the lawful authority to activate utility services for the address identified on the submittal; I am accepting all financial responsibility for the utilities account, and I agree that I will remain financially responsible for the utility account until I submit the Termination Request Form signed by me to the City of El Mirage Utility billing office and the account has been paid in full. I acknowledge I have received a copy of the fees, deposits and other information related to the City of El Mirage utility accounts.

SIGNATURE OF APPLICANT #1:	DATE	SIGNATURE OF APPLICANT #2:	DATE
X		X	

CITY USE ONLY			
BODY #	EMR #	REG #	
MFGR NAME:	METER SIZE:	# DIALS	READ
FIELD NOTES:			
FIELD WORK COMPLETED BY:		DATE/TIME:	
ACCT TYPE: <input type="radio"/> RES <input type="radio"/> COML <input type="radio"/> HYDRANT		SERVICES: <input type="radio"/> WTR <input type="radio"/> SWR <input type="radio"/> GAR	
NEW ACCT FEE: \$	DEPOSIT: \$	OTHER: \$	RECEIPT #
DEP/BAL XFER FROM: ACCT #		NAME	AMT \$
APP RECD BY:	DATE:	ENT'D BY:	DATE: